

Policy: The Office of the Chief Medical Examiner (OCME) collects and handles evidence as standard practice. Evidence is collected at the discretion of the Attending Pathologist and as requested by law enforcement personnel investigating the case. Evidence is released to law enforcement personnel with the sound practice of Forensic Pathology.

Purpose: To ensure standardized evidence collection, handling, and chain of custody in accordance with the Forensic Autopsy Performance Standards and mission of the OCME.

Scope: The following procedures are to assist the Attending Pathologist, and Mortuary Unit Staff to properly collect, handle, and transfer evidence.

Definitions and Abbreviations:

CCN: Criminal Complaint Number: a unique identifier assigned by law enforcement to each incident report.

CMS- Case Management System

D.C.- District of Columbia

DFS- District of Columbia Department of Forensic Science agency which receives evidence and performs forensic testing at the request of OCME Attending Medical Examiner or law enforcement representative.

DNA- Deoxyribonucleic acid is a carrier of genetic material and analyzed to identify decedents in forensic practice.

First Round Photographs - Overlapping photographs taken of remains as they are seen when opening the body bag or container.

OCME- District of Columbia Office of the Chief Medical Examiner

Qualtrax- Document management system.

SAEK- Sex Assault Evidence Kit

SOP- Standard Operating Procedures

1. Evidence Collection, Packaging, Documentation, and Transfer

1.1. Evidence Collection:

1.1.1. The Attending Pathologist or law enforcement representatives determine evidence collection.

1.1.1.1. Evidence includes but is not limited to:

- 1.1.1.1.1. Tissue and Fluid Specimens;
- 1.1.1.1.2. Ligature;
- 1.1.1.1.3. Clothing;
- 1.1.1.1.4. Fibers;
- 1.1.1.1.5. Swabs;
- 1.1.1.1.6. Fingernail clippings/scrapings;
- 1.1.1.1.7. Fingerprints;
- 1.1.1.1.8. Hair Samples;
- 1.1.1.1.9. Projectiles; and
- 1.1.1.1.10. Drug paraphernalia

1.1.2. Case types requiring evidence collection include, but are not limited to:

- 1.1.2.1. Cases that are considered suspicious;
- 1.1.2.2. Sexual Assault;
- 1.1.2.3. Asphyxia;
- 1.1.2.4. Cases that are considered In-Custody;
- 1.1.2.5. Sharp Force Injury;
- 1.1.2.6. Blunt Force Injury;
- 1.1.2.7. Suicides; and
- 1.1.2.8. Pediatric/Infant Cases

1.1.3. Law enforcement representatives may request that specific items be collected as evidence during examination.

1.1.3.1. For cases in which the death has occurred in the D.C. jurisdiction, requests for evidence collection may be provided from law enforcement representatives to OCME staff thru the Department of Forensic Science (DFS) Crime Scene representatives prior to examination.

1.1.3.2. The DFS Crime Scene representatives may present to the OCME morning meeting, Monday- Friday, to provide the requests for evidence collection to OCME staff, including the Attending Pathologist, Mortuary Unit staff, and Investigation Unit staff.

1.1.3.2.1. The DFS Crime Scene representatives may contact the Attending Pathologist, Mortuary Unit staff, or Investigations Unit staff via phone or email on the weekends, holidays, or if unavailable to attend

OCME morning meeting.

- 1.1.3.2.1.1. The Attending Pathologist, Mortuary Unit staff, and Investigations Unit staff shall contact DFS Crime Scene representatives via phone or email if evidence collection requests have not been received prior to examination.
- 1.1.3.3. For cases in which the death has occurred in the D.C. jurisdiction or in external jurisdictions, requests for evidence collection may be provided directly to OCME staff by law enforcement representatives.
 - 1.1.3.3.1. The law enforcement representatives may contact the Attending Pathologist, or Investigations Unit staff via phone or email daily.
 - 1.1.3.3.1.1. The Attending Pathologist, Mortuary Unit staff, and Investigations Unit staff shall contact law enforcement representatives via phone or email if evidence collection requests have not been received prior to examination.
 - 1.1.3.3.1.2. As requested by the law enforcement representatives, the Attending Pathologist and Investigations Unit staff may advise of the time that the examination will begin to ensure representatives timely response to OCME to observe the examination.
 - 1.1.3.3.1.2.1. The Investigations Unit staff may confirm the examination start time with the Attending Pathologist prior to responding to law enforcement representatives.
 - 1.1.3.4. When contacting law enforcement or DFS Crime Scene representatives to determine evidence collection requests, the Attending Pathologist, Mortuary Unit, and Investigations Unit staff may provide the associated CCN. If available, the CCN is documented in CMS by Investigations Unit staff following the scene investigation.
 - 1.1.3.5. All communications with Investigations Unit staff regarding evidence collection requests shall be documented in the Supplemental Report in CMS by the Investigator.
- 1.1.4. Evidence collection is completed by the Attending Pathologist, or Mortuary Unit staff as directed by the Attending Pathologist. Every effort shall be made to comply with the collection of specific items as requested by law enforcement representatives.
- 1.1.5. At the discretion of the Attending Pathologist, evidence (e.g. fingerprints) may be collected at the time of examination by law enforcement and DFS Crime Scene representatives.
- 1.1.6. Evidence collection methods shall be practiced with minimal cross contamination and by using pre-packaged sterile instruments and equipment.
 - 1.1.6.1. Instruments may also be sterilized by the Mortuary Unit staff using a

bleach and water solution, or alcohol and water solution, or alcohol burner.

- 1.1.6.2. The Attending Pathologist and Mortuary Unit staff shall use pre-packaged sterile gloves when collecting evidence, replacing gloves frequently when multiple items of evidence are requested.

1.2. Evidence Packaging:

- 1.2.1. All evidence items shall be packaged separately in sterile specimen containers/tubes, paper envelopes, or paper bags, etc.

- 1.2.1.1. Evidence and packaging shall consist of:

- 1.2.1.1.1. Tissue, fluids, and specimens packaged in sterile containers.

- 1.2.1.1.1.1. Specimens smeared onto glass slides shall be placed in microscopic slide cases.

- 1.2.1.1.2. Ligature and clothing packaged in paper bags.

- 1.2.1.1.3. Fibers, fingernail clippings/scrapings, and hair samples packaged in paper envelopes.

- 1.2.1.1.3.1. Fingernail clippings/scrapings, fibers, and hair samples may be placed in clean paper then packaged in paper envelopes or sterile containers.

- 1.2.1.1.4. Swabs packaged in paper envelopes or swab boxes.

- 1.2.1.1.5. Projectiles and drug paraphernalia packaged in plastic bags.

- 1.2.1.2. When present at the time of examination, law enforcement or DFS crime scene representatives may package evidence.

- 1.2.1.3. If law enforcement or DFS crime scene representatives are not present at the time of examination, the Attending Pathologist or Mortuary Unit staff shall package evidence.

- 1.2.1.4. Evidence packaging (e.g. sterile containers, paper envelopes, paper bags, etc.) is accessible in the OCME autopsy room.

- 1.2.1.4.1.1. Certain evidence packaging, such as SAEK, may be provided by OCME or DFS Crime Scene representatives as needed.

- 1.2.2. CMS labels shall be adhered to each container, paper envelope, or paper bag, etc. by the Attending Pathologist or Mortuary Unit staff.

- 1.2.2.1. Each separate container/tube, paper envelope, or paper bag may be placed into secondary exterior packaging as needed. Exterior packaging shall also include CMS label.

- 1.2.2.2. The CMS label shall include the following:

- 1.2.2.2.1. OCME case number;

- 1.2.2.2.2. Decedent's first and last name;

- 1.2.2.2.3. Decedent's age;

- 1.2.2.2.4. Decedent's race;

- 1.2.2.2.5. Decedent's sex

- 1.2.2.2.6. Evidence item and site of recovery;

- 1.2.2.2.7. Date of collection; and
- 1.2.2.2.8. Initials of the Attending Pathologist

1.2.3. All evidence shall be packaged by the Attending Pathologist, or Mortuary Unit staff as directed by the Attending Pathologist immediately after collection.

- 1.2.3.1. To preserve sample integrity, the packaging of damp or soiled evidence may be delayed until the end of the examination to allow items to air dry in an isolated area in the autopsy room. Such evidence may include swabs, smears, etc.

1.2.4. All evidence shall be sealed with evidence tape, include the collection date, and be initialed by the Attending Pathologist at the end of the examination.

1.3. Evidence Documentation and Transfer:

1.3.1. At the discretion of the Attending Pathologist, evidence collection shall be documented by digital photographs at the time of examination as referenced in the Photography SOP.

- 1.3.1.1. The Forensic Photographer shall take the First Round Photographs of the decedent prior to the collection of evidence.
- 1.3.1.2. Each evidence item shall be placed on a separate sheet of brown paper and individually photographed by Forensic Photographer after collection.

1.3.2 Evidence items shall be documented in CMS prior to transfer to law enforcement or DFS Crime Scene representatives.

1.3.2.1 To document evidence items, the following fields shall be completed in 'Chain of Custody/Intake' Module of CMS by the Mortuary Unit staff:

- 1.3.2.1.1 Evidence Item;
- 1.3.2.1.2 Description of Evidence Item and Site of Recovery;
- 1.3.2.1.3 Property Type as 'Evidence';
- 1.3.2.1.4 Collected By Attending Pathologist
- 1.3.2.1.5 Collection Date and Time; and
- 1.3.2.1.6 Quantity of Items Collected
 - 1.3.2.1.6.1 Evidence items (e.g. fingerprints) that are collected by law enforcement or DFS Crime Scene representatives at the time of examination are not included on the 'Chain of Custody/Intake' Module of CMS.

1.3.3 To release evidence items, the following fields shall be completed in the 'Chain of Custody Release' Module of CMS by the Mortuary Unit staff:

- 1.3.3.1 Select the evidence in the item list;
- 1.3.3.2 Property Type as 'Evidence';

- 1.3.3.3 Released to ‘Name or Affiliation of the law enforcement or DFS Crime Scene representative’;
- 1.3.3.4 Released by ‘Name of Attending Pathologist’;
- 1.3.3.5 Release Date and time;
- 1.3.3.6 Check the ‘Released’ box;
- 1.3.3.7 Select ‘Save and Print Evidence Release Form’
- 1.3.4 If the Attending Pathologist submits evidence to the Mortuary Unit staff to transfer to law enforcement or DFS Crime Scene representatives, the following fields on the printed CMS ‘Evidence Release Form’ shall be completed:
 - 1.3.4.1 Attending Pathologist dates and signs the ‘Submitted From’ line;
 - 1.3.4.2 Mortuary Unit staff signs the ‘Submitted To’ line;
 - 1.3.4.3 Mortuary Unit staff signs the ‘Released From’ line;
 - 1.3.4.4 Law enforcement or DFS Crime Scene Representative signs the ‘Released To’ line.
- 1.3.5 If the Attending medical examiner transfers evidence directly to law enforcement or DFS Crime Scene representatives, the fields on the printed CMS ‘Evidence Release’ form shall be completed as follows:
 - 1.3.5.1 Attending Pathologist signs the ‘Released From’ line;
 - 1.3.5.2 Law enforcement or DFS Crime Scene Representative signs the ‘Released To’ line.
- 1.3.6 The completed ‘Evidence Release Form’ is placed in the case file or Records Management unit following peer review.
 - 1.3.6.1.A photocopy of the ‘Evidence Release Form’ is ‘COPY’ stamped and provided to law enforcement or DFS Crime Scene representatives at the time of evidence transfer.
 - 1.3.6.1.1.1 For sexual assault cases, the chain of custody documentation is affixed to the SAEK box and shall be completed by Attending Pathologist, Mortuary Unit staff, and law enforcement representative receiving the evidence.
 - 1.3.6.1.1.1.1 In addition to completing the ‘Evidence Release Form’ from CMS, the chain of custody form on the SAEK shall be photocopied and placed in the case file or Records Management office.
 - 1.3.6.1.1.2 For DNA Blood Standard Card transfer, the ‘Transfer of Custody’ label is affixed to the DNA Blood Standard Card pouch and shall be completed by Attending Pathologist and law enforcement representative receiving the evidence.
 - 1.3.6.1.1.2.1 In addition to completing the ‘Evidence Release Form’ from CMS, the ‘Transfer of Custody Label’ on the DNA Blood Standard Card pouch shall be photocopied and placed in the case file or Records

Management office by the Identification Unit staff
as referenced in the Blood Standard Card SOP.

- 1.3.7. Law enforcement and DFS Crime Scene representatives shall present to OCME Mortuary Unit area to receive all evidence.
 - 1.3.7.1. Law enforcement and DFS Crime Scene representatives receiving the evidence shall sign into the 'Visitor's Log Book' in the Documentation Room. The following fields shall be completed in the log book by the representatives:
 - 1.3.7.1.1. Printed name of law enforcement or DFS Crime Scene representative;
 - 1.3.7.1.2. Date and time of arrival/departure to/from Documentation Room;
 - 1.3.7.1.3. OCME case number corresponding to received evidence;
 - 1.3.7.1.4. Associated law enforcement case number (e.g. Metropolitan Police Department CCN); and
 - 1.3.7.1.5. List of all evidence items to be received
 - 1.3.7.2. Upon request, law enforcement and DFS Crime Scene representatives may arrive to OCME to present evidence that was collected by external representatives at the field death investigation.
 - 1.3.7.2.1. The Attending Pathologist, Mortuary Unit staff and Investigations staff may forward requests to law enforcement and DFS Crime Scene representatives via email for review of the evidence recovered from the field. Evidence may include weapons, ligature, etc.
 - 1.3.7.2.2. When presenting to OCME Mortuary Unit area, the reporting law enforcement or DFS Crime Scene representatives shall also sign the 'Visitor's Log Book' as referenced in section 1.3.7.1.

2. Evidence

2.1. Trace Evidence

- 2.1.1. Cases for which trace evidence collection (e.g., hair, fingernails, orifices, fiber, debris, and other swabs) is performed include all cases of suspected sexual assault, or other close contact with an assailant. Such evidence may also be collected in pedestrian deaths in which a substance (e.g., paint) may have been transferred from a vehicle or in substance abuse deaths involving inhalation ("huffing") or body-packing.
 - 2.1.1.1. Trace evidence including, fiber, hair, or other debris on hands or elsewhere on the body surface is photographed in situ prior to decedent removal from body bag to examination table.
 - 2.1.1.1.1. It is advisable to look for ballistic and other trace evidence that may remain in the body bag after decedent removal to examination table.

- 2.1.1.1.2. If available, alternate lighting sources may be used to facilitate identification of trace evidence including debris and/or other substances (i.e., semen).
 - 2.1.1.2. Trace evidence shall be collected prior to undressing or washing the decedent.
 - 2.1.1.3. Bags on the hands are removed by the Attending Pathologist, or Mortuary Unit Staff as directed by the Attending Pathologist.
 - 2.1.1.3.1. The hands are photographed and any injury to nails are documented by the Attending Pathologist prior to collection of fingernail clippings.
 - 2.1.1.3.2. To prevent cross-contamination, the fingernail clippings are obtained with metal clippers that have been sterilized and dried. The clippers are packaged with the clippings for that case.
 - 2.1.1.4. Hair samples (e.g., head-combed and pulled hairs, pubic combings and pulled hairs) and swabs (e.g., orifices, perineum, skin bearing suspected biological stains or overlying suspected bite marks) are collected by the Attending Pathologist prior to washing the body.
 - 2.1.1.5. Blood and in some cases saliva samples are collected from the decedent as controls.
 - 2.1.1.6. Collected trace evidence is packaged, labeled, documented, and transferred to law enforcement or DFS Crime Scene representatives as referenced in sections 1.2 and 1.3.
- 2.2. Weapons
- 2.2.1. Weapons collected at the time of examination are recovered by law enforcement or DFS Crime Scene representatives investigating the OCME case.
 - 2.2.1.1. Weapons are photographed prior to removal from body bag or decedent.
 - 2.2.1.2. Recovered weapons shall be packaged by law enforcement or DFS Crime Scene representatives in accordance with standard forensic procedures.
 - 2.2.1.2.1. If law enforcement or DFS Crime Scene representatives are not available at the following the examination, the Attending Pathologist or Mortuary Unit staff shall notify the external representatives for packaging guidelines.
 - 2.2.1.3. Weapons shall be documented and transferred to law enforcement or DFS Crime Scene representatives as referenced in section 1.3
- 2.3. Ballistics
- 2.3.1. Ballistic evidence may be recovered by the Attending Pathologist, or

Mortuary Unit staff as directed by the Attending Pathologist.

2.3.1.1. Plastic instruments are used to retrieve projectiles to prevent defects or damages to the evidence.

2.3.2. Ballistic evidence recovered at the time of examination is photographed prior to packaging.

2.3.3. Collected ballistic evidence is packaged, labeled, documented, and transferred to law enforcement, or DFS Crime Scene representatives as referenced in sections 1.2 and 1.3.

2.3.4.

2.4. Drugs

2.4.1. Drugs of abuse or paraphernalia collected at examination are submitted to law enforcement and DFS Crime Scene representatives if present at the time of examination. In the absence of external representatives, drugs of abuse or paraphernalia are forwarded to the OCME Toxicology laboratory.

2.4.1.1. Recovered drug paraphernalia evidence is photographed prior to packaging and transfer to external representatives or Toxicology laboratory.

2.4.2. Collected drug paraphernalia evidence is packaged, labeled, documented, and transferred to law enforcement or DFS Crime Scene representatives as referenced in sections 1.2 and 1.3.

2.5. Medications

2.5.1. Medications collected at examination are submitted to law enforcement and DFS Crime Scene Representatives or the Toxicology laboratory after documentation.

2.5.1.1. Recovered medications are photographed prior to packaging and transfer to external representatives or Toxicology laboratory.

2.5.1.2. Collected drug paraphernalia evidence is packaged, labeled, documented, and transferred to law enforcement or DFS Crime Scene representatives as referenced in sections 1.2 and 1.3.

2.6. Clothing

2.6.1. Depending on the nature of the case, the clothing may be considered an item of evidence that is to be immediately surrendered to law enforcement or DFS Crime Scene Representatives.

2.6.1.1. At the discretion of the Attending Pathologist, clothing that is not considered to be evidence is returned to the decedent's body bag for release to the funeral home.

2.6.2. After removing the clothing, the decedent is surveyed for any item of evidence (e.g., fiber, paint).

- 2.6.3. Clothing evidence is photographed prior to packaging and transfer to external representatives.
- 2.6.4. Clothing evidence is packaged, labeled, documented, and transferred to law enforcement or DFS Crime Scene representatives as referenced in sections 1.2 and 1.3.

2.7. Blood Samples

- 2.7.1. DNA Blood Card samples are obtained from all cases at the time of examination.
 - 2.7.1.1. An additional DNA Blood Card is collected as evidence for all cases investigated by law enforcement or DFS Crime Scene representatives as referenced in DNA Blood Card SOP
 - 2.7.1.2. The DNA Blood Cards are packaged, labeled, documented, and transferred to law enforcement or DFS Crime Scene representatives as referenced in the DNA Blood Card SOP.

2.8. Sex Assault Evidence Kit (SAEK)

- 2.8.1. At the time of examination, the SAEK is prepared by the Mortuary Unit staff in a sterile and isolated area in the autopsy room
- 2.8.2. SAEKs are packaged, labeled, documented, and transferred to law enforcement or DFS Crime Scene representatives for forensic analysis as referenced in section 1.3.
 - 2.8.2.1. All contents in the SAEK shall be allowed to air dry prior to packaging as referenced in section 1.2.

2.9. Fingerprints

- 2.9.1. Depending on body condition, fingerprints are obtained from all cases at the time of examination.
 - 2.9.1.1. Fingerprints may be obtained by ink methods.
 - 2.9.1.1.1. The ink fingerprint strips from right and left hands may be adhered to the ink fingerprint card.
 - 2.9.1.1.1.1. The fingerprint card shall include the following:
 - 2.9.1.1.1.1.1. Decedent's name;
 - 2.9.1.1.1.1.2. OCME case number;
 - 2.9.1.1.1.1.3. Decedent's race and sex;
 - 2.9.1.1.1.1.4. Mortuary Unit Staff collecting prints;
 - 2.9.1.1.1.1.5. Disposition as 'Deceased'.
 - 2.9.1.2. If decedent is printable, an additional set of fingerprints are collected as evidence for all cases investigated by law enforcement or DFS Crime Scene representatives.
 - 2.9.1.2.1. Fingerprints may be collected by the Mortuary Unit

staff, or law enforcement and DFS Crime Scene representatives.

- 2.9.2. Fingerprints are packaged, labeled, documented, and transferred to law enforcement or DFS Crime Scene representatives for forensic analysis as referenced in section 1.3.

3. Tissue and Body Fluid Collection, Packaging, Documentation, and Transfer

3.1. At the discretion of the Attending Pathologist, specimens shall be collected for forensic analysis at OCME toxicology laboratory, or for microbiology, virology, metabolic, and serology testing at external reference laboratories.

3.2. Toxicology Testing

3.2.1 The Attending Pathologist should submit biological fluids and tissues to the Toxicology Unit to assist in determining the cause and manner of death.

3.2.2 For routine autopsies, the following specimens shall be collected at a minimum when possible:

3.2.2.1 2 x femoral blood (or other peripheral blood);

3.2.2.2 2 x heart blood (or other central blood);

3.2.2.3 1 x Urine;

3.2.2.4 1 x Bile;

3.2.2.5 1 x Vitreous Humor;

3.2.2.6 1 x Liver;

3.2.2.7 1 x Brain; and

3.2.2.8 1 x Gastric Contents (total gastric volume should be noted)

3.2.3 Other specimens can be collected at the discretion of the Attending Pathologist.

3.2.3.1 In deaths associated with possible inhalation of toxic gases, airway and lung specimens are collected in containers suitable for headspace analysis.

3.2.3.2 Other evidence (medications, unknown substances, and drug paraphernalia) should only be submitted to Toxicology Laboratory if it will assist in determining the cause and manner of death

3.2.4 All specimens collected at the time of examination are placed in specimen containers/tubes, packaged, and labeled by the Attending Pathologist or Mortuary Unit staff as referenced in section 1.2.

3.2.4.1 Specimens are to be collected in the following containers:

Specimen	Location	Container*	Volume (Max)
Whole Blood	Femoral	VG	10 mL
	Iliac	VG	10 mL
	Subclavian	VG	10 mL
	Heart	VG	10 mL
	Aorta	VG	10 mL
	Central	VG	10 mL
	Peripheral	VG	10 mL
Blood (other)	e.g. chest cavity	VG	10 mL
Blood (other)	e.g. hematoma	VG or BP	10, 50 mL
Serum (spun down)	e.g. femoral	Tiger Top	10 mL
Urine		BP	50 mL
Bile		BP	50 mL
Vitreous Humor		VR	7 mL
Liver		BP	50 mL
Brain		BP	50 mL
Gastric Contents		BP	50 mL
Lung (and/or airway)		BP	50 mL
Cerebrospinal Fluid		VR	7 mL
Spleen		BP	50 mL
Kidney		BP	50 mL
Other (hair, muscle)		BP	50 mL
Other (bone)		Plastic bag	-

*VG – Vacutainer Gray top; VR – Vacutainer Red top; BP – Blue Plastic top

3.2.4.2 Labeled specimens are placed in a secondary plastic bag with affixed CMS label.

3.2.4.3 CMS labels shall be placed on specimens received from the hospital in such a way to preserve the identification label of the hospital.

3.2.4.3.1 In cases of delayed deaths in hospitalized individuals, OCME should attempt to obtain the earliest available hospital specimen when appropriate.

3.2.5 For routine toxicology testing, the ‘Medical Examiner’s Evidence Submission’ chain of custody form shall be completed and placed in the specimen bag prior to securing the specimens in the Specimen Refrigerator in the autopsy room.

3.2.5.1 For specialized toxicology testing (e.g. deaths associated with possible inhalation of toxic gases), the ‘Medical Examiner’s Stat

Carbon Monoxide Evidence Submission' chain of custody form may be completed by the Attending Pathologist.

- 3.2.5.2 The Attending Pathologist shall complete the following on the Evidence Submission Forms:
 - 3.2.5.2.1 Sample Source;
 - 3.2.5.2.2 Quantity of Containers/Tubes;
 - 3.2.5.2.3 Attending Pathologist Initials;
 - 3.2.5.2.4 Date of Sample Submission;
 - 3.2.5.2.5 Testing Panel Type;
 - 3.2.5.2.6 Supplemental Requests;
 - 3.2.5.2.7 Attending Pathologist Comments;
 - 3.2.5.2.8 State of Body Condition;
 - 3.2.5.2.9 Specify if Samples are Related to Drug Overdose or Embalmed
- 3.2.6 CMS label shall be affixed to the chain of custody form by the Attending Pathologist or Mortuary Unit staff prior to securing specimen bag in the Specimen Refrigerator.
- 3.2.7 The toxicology testing chain of custody forms are accessible in the autopsy room and in Qualtrax.
 - 3.2.7.1 Specimens shall be secured in the Specimen Refrigerator by the Attending Pathologist or Mortuary Unit staff. The Specimen Refrigerator shall be locked at all times.
 - 3.2.7.2 Specimens shall be documented in the Specimen Storage Log Book in the autopsy room prior to placement in the Specimen Refrigerator as follows:
 - 3.2.7.2.1 OCME case number;
 - 3.2.7.2.2 Type of specimens (e.g. "Toxicology Specimens");
 - 3.2.7.2.3 Initials of Attending Pathologist or Mortuary Unit Staff; and;
 - 3.2.7.2.4 Date and time of placement
 - 3.2.7.3 Specimens shall be received from the Specimen Refrigerator by OCME Toxicology Unit staff by documenting the following in the Specimen Log Book:
 - 3.2.7.3.1 OCME case number;
 - 3.2.7.3.2 Purpose for removal (e.g. "Transfer to Toxicology");
 - 3.2.7.3.3 Initials of Toxicology Unit Staff; and
 - 3.2.7.3.4 Date and time of removal
- 3.2.8 Toxicology reports shall be made available to the Attending Pathologist when testing is completed.

3.3 Microbiology and Ancillary Testing

- 3.3.1 At the discretion of the Attending Pathologist, specimens are collected

for microbiology, virology, metabolic, and serology testing to assist in determining the cause and manner of death as referenced in the Microbiology and Ancillary Testing SOP.

- 3.3.1.1 Specimens such as tissue swabs, cultures, serum, bile, etc. are submitted to the DFS Public Health Laboratory or other reference laboratories for testing as referenced in the Microbiology and Ancillary Testing SOP.
- 3.3.1.2 Specimens shall be packaged, stored, and transferred to reference laboratories as referenced in the section 1.2 and the Microbiology and Ancillary Testing SOP.
 - 3.3.1.2.1 A test requisition and chain of custody form shall accompany each specimen and shall be prepared by the Mortuary Unit staff and dated/signed by the Attending Pathologist.
 - 3.3.1.2.1.1 Test requisition and chain of custody forms are available in the autopsy room.
- 3.3.1.3 Testing reports shall be provided to OCME in accordance with the reference laboratory testing and reporting schedule as referenced in the Microbiology and Ancillary Testing SOP.

4 **Evidence and Tissue and Body Fluid Retention**

- 4.1 On occasion, evidence collected at the time of examination may be retained at OCME for storage. The delay in evidence transfer may be a result of the following:
 - 4.1.1 Pending review of additional medical records and death circumstances by the Attending Pathologist;
 - 4.1.2 Law enforcement or DFS Crime Scene representatives may not be available immediately following examination to receive custody of evidence;
 - 4.1.3 Law enforcement or DFS Crime Scene representatives are not able to associate the CCN with the case;
 - 4.1.4 Law enforcement or DFS Crime Scene representatives consider evidence items to be personal property.
- 4.2 Evidence items retained after the examination shall be transferred to evidence storage lockers or the evidence safe in the Mortuary Unit by the Attending Pathologist or Mortuary Unit staff.
 - 4.2.1 If items are transferred to the evidence storage lockers, a lock must be utilized to secure the evidence.
 - 4.2.2 All evidence shall be packaged and labeled as referenced in section 1.2 prior to transfer to evidence storage locker or safe.
 - 4.2.2.1 Evidence submitted to the evidence storage lockers or evidence safe shall be documented in the Evidence Log Book in the

Mortuary Unit as follows:

- 4.2.2.1.1 OCME case number;
- 4.2.2.1.2 Description of evidence;
- 4.2.2.1.3 Storage location (e.g. locker number, safe, etc.)
- 4.2.2.1.4 Date and time of submission; and
- 4.2.2.1.5 Initials of the Attending Pathologist or Mortuary Unit staff.

4.2.2.2 Retained evidence shall be removed from evidence storage lockers or safe for transfer to law enforcement or DFS Crime Scene representatives by Mortuary Unit Supervisor, Director of Investigations, or designee. The following shall be documented in the Evidence Log Book:

- 4.2.2.2.1 OCME case number;
- 4.2.2.2.2 Description of evidence;
- 4.2.2.2.3 Location that evidence was removed from (e.g. locker number, safe, etc.)
- 4.2.2.2.4 Date and time of removal;
- 4.2.2.2.5 Purpose of removal; and
- 4.2.2.2.6 Initials of the Mortuary Unit Supervisor, Director of Investigations, or designee

4.3 Transfer of evidence to law enforcement or DFS Crime Scene representatives shall be documented on the CMS 'Evidence Release Form' and placed in the case file or Records as referenced in section 1.3.

4.3.1 If ballistic and drug paraphernalia evidence is retained in OCME storage, the Attending Pathologist, Mortuary Unit staff, or Investigations Unit staff shall contact law enforcement, DFS Crime Scene representatives, or the jurisdiction in which the incident occurred.

4.3.1.1 For District of Columbia (D.C.) cases, law enforcement or DFS Crime Scene representatives shall be requested to receive ballistics and drug paraphernalia retained in OCME storage.

4.3.1.1.1 DFS Crime Scene representatives may receive custody of projectiles that are unassociated with the cause and manner of death, if the offense occurred in D.C. and the case is associated with a CCN.

4.3.1.1.2 If DFS Crime Scene representatives aren't able to receive custody of the projectiles that are unassociated with cause and manner of death, the Mortuary Unit staff or Investigations Unit staff shall contact the D.C. Evidence Collection Branch to transfer evidence.

4.3.1.2 Any limitations in transferring evidence to law enforcement,

DFS Crime Scene representatives, the Evidence Collection Branch, or external jurisdictions, shall be reported by the Attending Pathologist, Mortuary Unit staff, or Investigations Unit staff to the Chief Medical Examiner or Deputy Chief Medical Examiner for further follow up.

- 4.4 On occasion, specimens and tissue evidence collected at the time of examination may be retained at OCME for storage. The delay in evidence transfer may be a result of the following:
- 4.4.1 Pending review of additional medical records and death circumstances by the Attending Pathologist.
- 4.5 Specimens and tissue evidence retained following examination shall be transferred to the Specimen Refrigerator or Freezer in the Mortuary Unit with chain of custody form by the Attending Pathologist and Mortuary Unit staff.
- 4.5.1 The Specimen Refrigerator or Freezer shall be secured and locked at all times.
 - 4.5.2 All specimens and tissue evidence shall be packaged, labeled, and documented as referenced in sections 1.2, 3.2., and 3.3.
 - 4.5.2.1 Retained specimens and tissue evidence shall be removed from Specimen Refrigerator and Freezer for transfer to testing laboratory as referenced in sections 3.2 and 3.3.
- 4.6 Specimens and tissue shall be retained in the Specimen Refrigerator and Freezer for a 1 year period of storage in accordance with the retention schedule as referenced in the Tissue Retention and Disposition SOP.

5 Quality Assurance and Peer Review

- 5.1 The Mortuary Unit staff shall complete peer review of evidence items and chain of custody forms following examination and prior to transfer to the law enforcement and DFS representatives or testing laboratories.
- 5.1.1 The Attending Pathologist or Mortuary Unit staff shall collect evidence items in an isolated area at a single grossing station for a single case.
 - 5.1.2 The following documentation on the CMS labels adhered to the evidence and specimen packaging shall be cross referenced with the chain of custody forms:
 - 5.1.2.1 Decedent's first and last name;
 - 5.1.2.2 Decedent's race, sex, and age;
 - 5.1.2.3 OCME Case Number (i.e. 00-00000);
 - 5.1.2.4 Date of Collection (i.e. 00-00-0000);
 - 5.1.2.5 Evidence/Specimen Item and Site of Recovery, and ;

5.1.2.6 Initials of the Attending Pathologist

- 5.1.3 The Mortuary Unit staff shall cross reference the description and quantity of the items documented on the chain of custody forms with the description and quantity of packages prepared for transfer to law enforcement and DFS Crime Scene representatives, or reference laboratories.
- 5.1.4 The status of peer review shall be documented on the 'Post Mortem Examination and Competency Checklist' form.
- 5.1.4.1 The Mortuary Unit staff shall evaluate compliance on the 'Property Sheet/Evidence Collection' and 'Specimen Collection' sections of the 'Post Mortem Examination and Competency Checklist' form.
- 5.1.4.1.1 The Post Mortem Examination and Competency Checklist form is available in the autopsy room and in Qualtrax.
- 5.1.4.1.2 The Mortuary Unit staff shall notify Mortuary Unit supervisor or designee of noncompliance.

6 Safety

- 6.1 The proper personal protective equipment (PPE) shall be worn by Attending Pathologist, Mortuary Unit staff, law enforcement and DFS Crime Scene representatives while performing procedures in the autopsy room during evidence collection.
- 6.1.1 The following PPE shall be worn:
- 6.1.1.1 N95 Respirator;
 - 6.1.1.2 Hair Bonnet;
 - 6.1.1.3 Face Shields/Safety Goggles;
 - 6.1.1.4 Apron/ Gowns;
 - 6.1.1.5 Gloves;
 - 6.1.1.6 Shoe Covers; and
 - 6.1.1.7 Sleeves